

**Analysis of the Committed Youth Population at Oak Hill Youth Center
Between July 1, 2004, and June 30, 2005**

November 15, 2005

**Casey Strategic Consulting Group
Annie E. Casey Foundation**

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This analysis would not have been possible without the assistance of the Department of Youth Rehabilitation Services and Marty Beyer. In addition, many key stakeholders in the District of Columbia's juvenile justice system offered their time and assistance in reviewing the analysis and providing important feedback.

The most challenging aspect of the data analysis was the compilation of data elements from multiple sources. Nathaniel Balis, research manager in the Department of Youth Rehabilitation Services, spent many hours generating the data elements used in this analysis from information systems that were not designed for analytical purposes.

The case file reviews included in this report were conducted by Marty Beyer. Her prompt and concise summaries of selected cases provided invaluable depth to this analysis.

In addition, the preliminary findings of this analysis were shared with a number of key stakeholders for feedback and comment. Special thanks go to the following individuals who shared their insight and expertise:

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Executive Summary

The purpose of this analysis is to examine the population of youth committed to the Department of Youth Rehabilitative Services and placed at Oak Hill Youth Center (OHYC) to gather insights into the programming and services needed to better address their needs. The key issues this analysis examined were:

- What are the characteristics of youth committed to Oak Hill?
- What are the presenting offenses and prior offense history of youth committed to Oak Hill?
- How long are youth placed at Oak Hill and what are their subsequent placements?
- Could the number of youth placed in secure custody at Oak Hill be safely reduced?

Demographic Characteristics: The population of committed youth placed at OHYC are disproportionately African-Americans from Wards 7 and 8. The typical youth is 16 years old and male. While this analysis was too narrow to shed light on the causes for the striking disparities by race/ethnicity and geography, the wide variation in incarceration rates underscore a need for further study.

- Over half of the committed youth at Oak Hill are from Wards 7 and 8, though those wards account for only 39 percent of the District's youth population.
- African American youth accounted for 96 percent of youth at Oak Hill, though they are 75 percent of the District's total youth population.
- 74 percent of the committed youth placed at Oak Hill were between the ages of 14 and 17. Only 7 percent were younger than 14 at the time of their commitment. However, 20 percent of the population was age 18 or 19 at the time of commitment.

Offense History: There is a widespread perception that the committed youth population is characterized by severe offenses and multiple adjudications. High profile cases of child sex abuse, arson, or homicide dominate the perceptions of those inside and outside the juvenile justice system. Particularly troubling cases tend to stand out in people's memories. However, this data analysis did not find evidence to support these widely held beliefs.

- Only 4 committed youth committed an offense in the top 3 offense ranking groups (e.g., first and second degree murder, first degree sexual abuse, and first degree child sexual abuse, and armed carjacking) and 3 of them were first time offenders.
- The most common offense committed by youth at Oak Hill was unauthorized use of a vehicle (UUV) and most were first-time offenders.
- 10 percent of youth at OHYC were committed after a first-time misdemeanor in the District.
- Half of all the committed youth had no prior adjudications in the District. Only 15 had more than two prior adjudications.

- Of the 219 youth committed to Oak Hill during the study year, 42 percent (91 youth) were committed for misdemeanors, drug possession, or lower-level first-offense felonies.
- 28 percent (62 youth) of committed youth at OHYC had a repeat felony or drug dealing offense.
- 30 percent (66 youth) committed serious felonies or had a prior adjudication for a serious felony.

Oak Hill Placement: The data on length of stay and placement after discharge indicate that Oak Hill lacks a coherent purpose. Incarceration at Oak Hill appears not be used as an accountability measure because low level offenders stay at the facility as long as the most serious offenders. At the same time, the typical youth spends a little more than two months at Oak Hill before being moved elsewhere, too little time to produce meaningful change in youth behaviors.

- The median length of stay was 71 days and the average was 79 days.
- Youth with the most serious offense histories had median lengths of stay of 72 days and an average of 78. Among those youth with intermediate offense histories, Oak Hill placements were slightly longer, a median of 81 days and an average of 90 days. Youth with the lowest level delinquency records had median lengths of stay of 59 days and an average of 71 days.
- The most common placement after discharge from Oak Hill is a residential treatment center (RTC), regardless of the offense tier. On average, youth headed to a RTC spent 78 days at Oak Hill.
- The second most likely destination after Oak Hill is home. Youth headed home spent an average of 77 days at Oak Hill.
- Oddly, the length of stay before placement home was inversely related to the severity of offenses committed and prior adjudications. Youth with the lowest level offenses waited 89 days before release from Oak Hill while intermediate level youth spent just 70 days. The most serious offending youth discharged from Oak Hill to home were in secure custody for just 63 days.

Recommendations:

- **DYRS should end the use of Oak Hill as a way station for youth pending placement to less restrictive settings.** One-third of the Oak Hill committed youth population were discharged to a residential treatment center. DYRS should develop a system to move youth directly from their commitment hearing to an appropriate placement. Since many committed youth spend an extended period in detention or other pre-adjudication supervision, it should be possible to conduct the assessments necessary to determine the most appropriate placement after adjudication.
- **Secure incarceration at Oak Hill should be limited to those youth committing the most serious offenses and posing the greatest public safety risk.** Only 30 percent of the bed days used by the study population were for those committing the most serious felonies. The bulk of Oak Hill's resources are consumed on

youth whose offenses might be better addressed in other settings. Secure custody at Oak Hill should be designed to address the unique circumstances of youth who cannot be served in other settings. DYRS should establish clear criteria to guide case managers in deciding whether placement in secure custody is appropriate.

- **As Oak Hill is redeveloped using the Missouri model, the length of stay should increase.** Youth committing the most serious offences used an average of just 17 beds per day at Oak Hill. However, they experienced a median length of stay of just 78 days. Under the Missouri approach, the length of stay is typically at least 6 to 9 months (180 to 270 days). In order for a therapeutic treatment approach to work, youth must participate and progress in a structured environment for a longer period of time than under current Oak Hill practices. If Oak Hill's replacement houses only the most serious offenders but places them for longer periods consistent with the Missouri approach, the District should require between 40 and 60 secure beds.
- **A robust set of alternatives to incarceration is needed to serve youth with lower level offenses.** Currently, RTCs are the principal alternative to secure custody in the District. Further study of the quality and effectiveness of RTCs should be conducted. DYRS should develop as wide an array of alternatives as possible to meet the individualized needs of committed youth. For example, in Missouri, nearly all youth leaving secure custody attend day treatment programs that provide continued supervision, counseling and educational services. Short-term wilderness programs (though their track records are mixed) would be preferable to Oak Hill for lower risk youth. And in the community, an array of programs is needed to properly match youth needs and temperaments to achieve realistic behavioral changes.
- **Ideally, a case-by-case review of youth at Oak Hill should be conducted to identify the spectrum of community-based services needed by committed youth and their families.** The reviews should fully assess each youth and engage their families in planning a strategy to provide sufficient supervision and support in the community. The goal of each plan would be to make sure the youth is engaged in a productive activity (school, work, training) and has a connection to supportive adults in their community. After individualized reviews, groupings of services would be identified and contracted. Practically, such an individualized approach is very difficult to implement. Some services (such as mentoring, substance abuse treatment, family functioning therapy and multi-systemic therapy) will likely be needed by many families and providers are unlikely to be able to hire staff and open programs without greater certainty in funding. The key is to make sure that service plans are individualized and well constructed so that the alternatives do not become yet another link in the chain of youth failures.
- **Developing a continuum of community-based alternatives requires a shift in philosophy in how case managers and probation officers work with youth and their families.** The District's juvenile justice system is geared towards identifying the needs and deficits in delinquent youth to justify placement or referral to specialized services. In order for a new system of community-based

alternatives to work, case managers and probation officers must adopt a new set of attitudes and habits to assess youth capabilities, engage them in a change process, and plan a web of supports to help the youth succeed. Identifying and procuring a continuum of community-based alternatives will be insufficient if case managers and probation officers do not make the shift.

- **Decision supports using objective criteria are needed to assist case managers incorporate offense severity and prior offense history in their case planning and decision making.** The current pattern of incarceration at Oak Hill indicates that there is little relationship between offenses committed and the use of secure custody. Objective decision supports would provide guidance to case managers in which youth could benefit from which placements and services the most. However, any such tools should be flexible and provide room for exceptions so that case plans match individualized needs.
- **Service providers, Court Social Services and DYRS should develop joint protocols, trainings, and service standards to create as seamless a system as possible.** The District's juvenile justice system is currently fragmented among multiple providers and case managers. Court Social Services has case responsibility until a youth is committed to DYRS. After a youth is committed to DYRS, contract agencies provide out-of-home placement and after-care services with little involvement of the agency. A team approach would improve coordination across agencies and allow for better assessment and engagement of youth.
- **The District should examine the feasibility of incorporating elements of the RECLAIM Ohio (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) program to financing secure custody and alternatives.** RECLAIM Ohio is a market-based approach to financing juvenile justice reform. In Ohio, the state juvenile justice agency allocates funds spent to incarcerate delinquents to local courts. Then, local allocations are charged a portion of the costs of secure custody for each youth placed in a state facility. If local courts reduce the number of youth housed in state facilities, the remainder of the allocation is rebated to them. Localities can then use the savings to develop community-based programs. In the District, a system could be created to allocate a portion of the current Oak Hill budget to Court Social Services and it could use savings from fewer commitments to finance improved probation services. In turn, DYRS would have the financial flexibility to generate savings from fewer placements in RTCs and Oak Hill to fund stronger community-based programs.

Introduction

The purpose of this analysis is to examine the population of youth committed to the Oak Hill Youth Center to gather insights into the programming and services needed to better address their needs. The key issues this analysis examined were:

- What are the characteristics of youth committed to Oak Hill?
- What are the presenting offenses and prior offense history of youth committed to Oak Hill?
- How long are youth placed at Oak Hill and what are their subsequent placements?
- Could the number of youth placed in secure custody at Oak Hill be safely reduced?

Oak Hill Youth Center has been the subject of many years of controversy, litigation, and study. In 2001, the Mayor's Blue Ribbon Commission on Youth Safety and Juvenile Justice Reform recommended that the current facility be closed. In September, 2005, Mayor Williams and Vincent Schiraldi, Director of the Department of Youth Rehabilitation Services (DYRS), announced plans to replace the current facility by building three new 12-bed units and renovating a structure to house two additional 12-bed units. While there is a broad consensus that the physical plant at Oak Hill needs to be replaced, a better understanding of the youth committed to Oak Hill and their placement patterns should inform planning for Oak Hill's replacement and the community-based juvenile justice services needed in the District.

The analysis presented does not address many important aspects of the District's juvenile justice system. It specifically does not examine youth detained at Oak Hill while awaiting adjudication. The District has recently embarked on a new effort called the Juvenile Detention Alternatives Initiative (JDAI). JDAI is a collaborative effort to study and implement new strategies to reduce the use of detention and improve appearance for adjudication. The District's JDAI is conducting separate analyses of the detention population at Oak Hill and the Youth Service Center. In order not to duplicate those ongoing efforts, this analysis is strictly limited to post-adjudication committed youth placed at Oak Hill.

While the analysis conducted on the committed youth population at Oak Hill raises serious concerns about issues such as geographic and racial disparities in the use of juvenile incarceration, it was not possible to conduct a full study of those issues here. The analysis also prompts questions about the frequent use of residential treatment centers and other restrictive out-of-home placements. As cited by the Blue Ribbon Commission, these placements are expensive and there is no assurance that they "make a difference for those in need of specialized services."¹

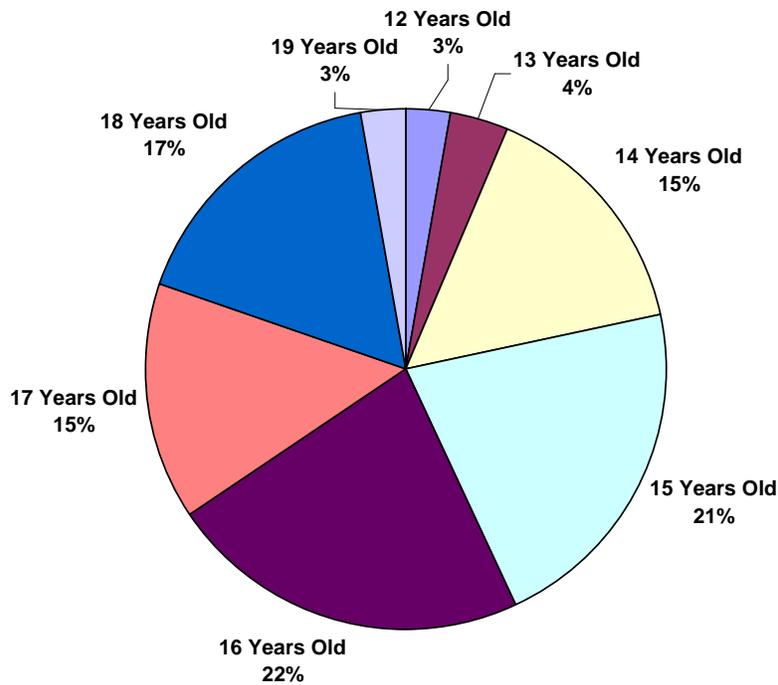
¹ Blue Ribbon Commission on Youth Safety and Juvenile Justice Reform, "Final Report of the Blue Ribbon Commission on Youth Safety and Juvenile Justice Reform," November 6, 2001, p. 18.

Findings

Between July 1, 2004, and June 30, 2005, there were 220 youth committed to the Department of Rehabilitation Services (DYRS) placed at the Oak Hill Youth Center. Offense and prior offense histories were compiled for 219 of those youth. The analysis of presented here are based on the available data about those 219 youth.

The typical youth placed at Oak Hill is 16 years old (Figure 1). Only 7 percent of the committed youth placed at Oak Hill during the year were younger than 14 at the time of their commitment. Placement of twelve and thirteen year old children in secure custody with much older and physically larger youth is a cause for concern. Smaller, less mature youth may be less able to engage in programming activity and may face higher risk of victimization while in secure custody. Over the year, 74 percent of the committed youth placed at Oak Hill were between the ages of 14 and 17. However, 20 percent of the population was age 18 or 19 at the time of commitment.

Figure 1. Distribution of Oak Hill Youth by Age on Date of Commitment

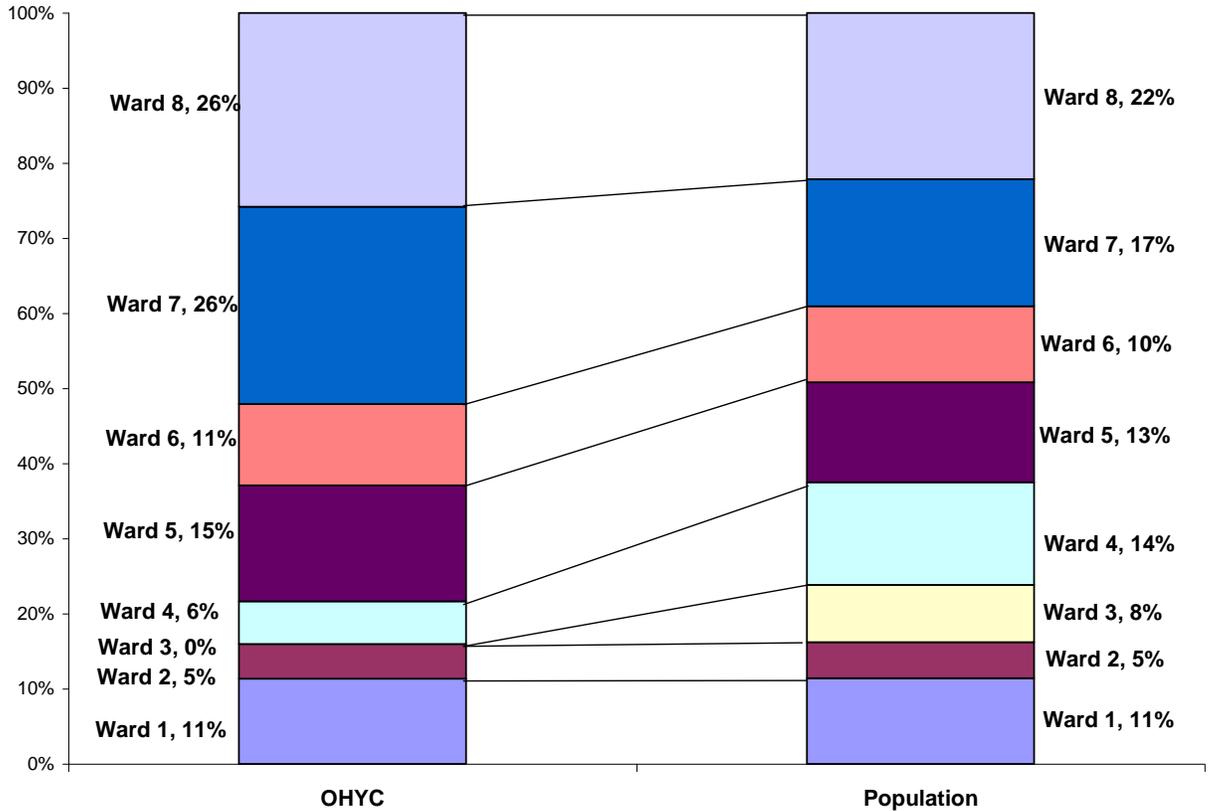


Source: DYRS

Over half of the committed youth at Oak Hill are from Wards 7 and 8, though those wards account for only 39 percent of the District's youth population (Figure 2). In contrast, not a single youth was from Ward 3. The high concentration of committed youth from Wards 7 and 8 offers the opportunity to focus community-based planning and services in a few highly targeted neighborhoods. At the same time, it raises questions of whether youth from certain communities are subject to a higher likelihood of incarceration that similar youth from other parts of the city. These disparities may result

from differences in the likelihood of delinquent behavior, the presence of police, and attitudes by decision makers in the juvenile justice system towards certain communities. Since this analysis was limited to youth at Oak Hill, it is unable to provide an explanation for the over representation of youth from Wards 7 and 8 in juvenile incarceration.

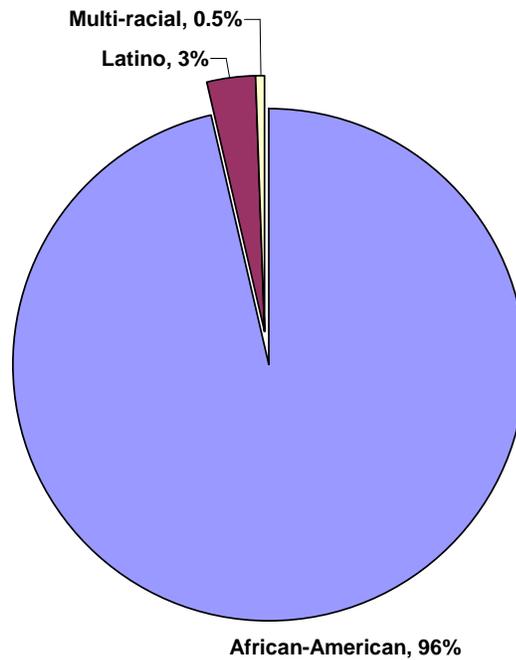
Figure 2. Distribution of Oak Hill Youth by Ward of Residence



Source: DYRS and DC Office of Planning

Similarly, the data show a disproportionate number of African-American youth committed and placed at Oak Hill. African American youth accounted for 96 percent of youth at Oak Hill, though they are 75 percent of the District's total youth population. Not a single committed youth at Oak Hill was white during the year studied. Only seven of the committed youth at Oak Hill were Latino (3 percent) and one was multi-racial. One caution about this data is that DYRS personnel generate the race and ethnicity identifications of youth. This method may lead to undercounting of Latino and multi-ethnic youth. Self-identification may produce more accurate tallies of Latino and multi-ethnic youth under DYRS supervision and custody.

Figure 3. Distribution of Oak Hill Youth by Race/Ethnicity



Source: DYRS

During the year studied, eight percent of the youth committed at Oak Hill were female (Table 4.). DYRS was moving females from Oak Hill to a staff-secure facility at the Youth Services Center. Now, all the youth at Oak Hill are male.

Table 4. Distribution of Oak Hill Youth by Sex

<u>Sex</u>	<u>OHYC</u>	
	<u>Placements</u>	<u>Percent</u>
Female	17	8%
Male	202	92%
Total	219	

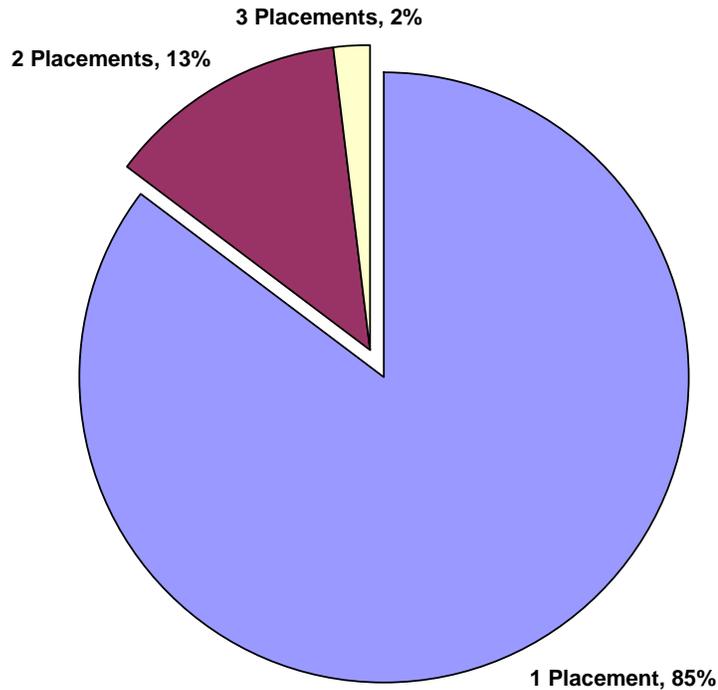
Source: DYRS

The vast majority of youth committed to Oak Hill are experiencing their first placement at Oak Hill (Figure 5). While most also spent some time at Oak Hill prior to their adjudication², 85 percent of the committed youth had only one post-adjudication placement at Oak Hill. 13 percent of the population or 28 youth had two placements at Oak Hill and 4 youth had 3 placements at Oak Hill. Youth experiencing multiple placements at Oak Hill are likely to require more careful attention because they have

² For newly committed youth placed at Oak Hill, the median length of detention at the facility prior to their commitment was 44 days. (Personal communication from Nathaniel Balis, DYRS, November 10, 2005)

either committed new offenses in the community or had unsatisfactory placements in less secure settings.

Figure 5. Distribution of Oak Hill Youth by Number of Oak Hill Placements



Source: DYRS

In order to examine the committed youth at Oak Hill by the severity of their offenses, the offense ranking group developed by the DC Sentencing Commission was used (Appendix A). By applying the offense groups used by the Sentencing Commission, a distribution of the committed youth by the severity of their presenting offense and their prior adjudications is possible (Table 6). It should be noted that the data are drawn from DYRS and Court Social Services information systems, rather than case record reviews. As a result, it is limited to offenses adjudicated in the District. Prior offenses committed by youth in other jurisdictions are not reflected in this analysis, though they are likely to influence decisions concerning their commitment and placement.

Table 6. Distribution of Oak Hill Youth by Offense Severity and Prior Adjudications

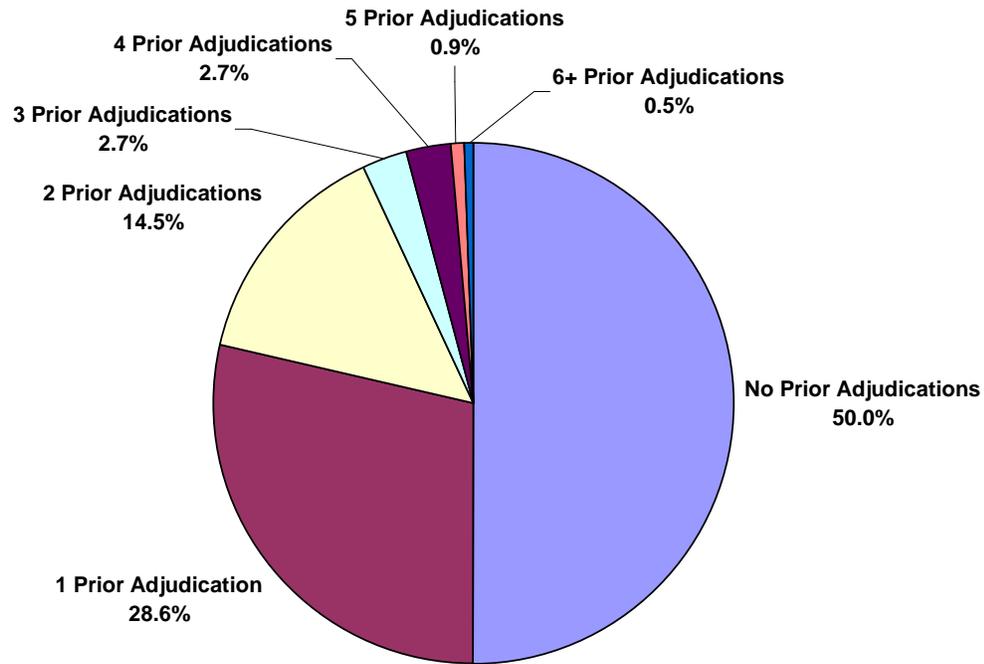
<u>Offense Ranking Group</u>	<u>Prior Adjudications</u>							Total
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6+</u>	
1	1							1
2	1							1
3	1	1						2
4								0
5	9	3	2					14
6	13	4	9	1	1			28
7	2	2						4
8	39	18	12	2	3	2	1	77
9	9	7	3	1				20
8 and PWID		1						1
9 and PWID	1							1
PWID while armed		1						1
PWID	6	9		1	1			17
Attempted PWID								0
Possession/Marijuana	6	4	3					13
Misdemeanor	22	13	3	1				39
Status								0
Unknown					1			1
Total	110	63	32	6	6	2	1	220

Source: DYRS

The most common offense committed by youth at Oak Hill was unauthorized use of a vehicle (UUV), a category 8 offense. Twenty-two youth, 10 percent of the total, were committed for a first-time misdemeanor. Half of all the committed youth had no prior adjudications (Figure 7). Only 15 had more than two prior adjudications. Only 4 committed youth committed an offense in the top 3 offense ranking groups and 3 of them were first time offenders.

In many jurisdictions, there is a widespread perception that the committed youth population is characterized by severe offenses and multiple adjudications. High profile cases of child sex abuse, arson, or homicide may dominate the perceptions of those inside and outside the juvenile justice system. Particularly troubling cases tend to stand out in people’s memories. However, this data analysis did not find evidence to support these widely held beliefs. In fact, a committed youth at Oak Hill is far more likely to be a first time offender than a repeat offender and far more likely to have committed a misdemeanor than a homicide or sex abuse.

Figure 7. Distribution of Oak Hill Youth by Number of Prior Adjudications



Source: DYRS

The distribution of offense severity and prior adjudications allows a grouping of the committed youth based on their delinquency records. At the top of the scale, person crimes are often treated separately from crimes against property. The commission of a violent offense raises public safety concerns that are qualitatively different than for property offenses. At the bottom of the scale, misdemeanors, drug possession, and first time lesser felonies offenses can also be separated from repeat felony offenders.

Using these basic considerations, the Oak Hill population can be roughly divided into three tiers of public safety risk based on some simple rules (Table 8). These tiers are only intended to serve as a proxy for public safety risk to examine whether youth with differing risk profiles experience different patterns in placement and discharge at Oak Hill. It would be simplistic to base placement and commitment decisions on such a basic rule. In Table 6, tier 1 cases are highlighted in dark shading, tier 2 cases are lightly shaded, and tier 3 cases are un-shaded. Since the tier groupings also consider the severity of prior adjudications, some individual cases were re-categorized from the distribution indicated in shading in Table 6.

Table 8. Tier Grouping Rules Based on Offense Severity and Prior Adjudications

		<u>Number of youth</u>
Tier 1	Any offense in categories 1-6 PWID while armed Any offense with a prior category 1-6	66
Tier 2	Any offense in categories 7-9 with 1+ prior PWID with 1+ prior	62
Tier 3	First adjudication in categories 7-9 or PWID Possession Misdemeanors	91

Source: DYRS

Of the 219 youth committed to Oak Hill during the study year, 91 youth, 42 percent, were committed for misdemeanors, drug possession, or lower-level first-offense felonies. 62 youth, 28 percent, committed a second felony or drug dealing offense. Only 66 youth, 30 percent, committed serious felonies or had a prior adjudication for a serious felony.

An analysis of the bed days used by youth in each tier shows that only 31 percent of the bed days at Oak Hill were filled by youth in the most serious offense tier (Table 9). 36 percent of the bed days were used by youth in the lowest tier. Tier 2 youth accounted for 33 percent of the bed days used by the study population.

Table 9. Bed Days and Average Number of Beds Used Per Day by Offense Tier

Offense/Prior Tier	OHYC		
	Bed Days	Avg. Beds/Day	Percent
1	6,146	17	31%
2	6,655	18	33%
3	7,289	20	36%
Total	20,090	55	

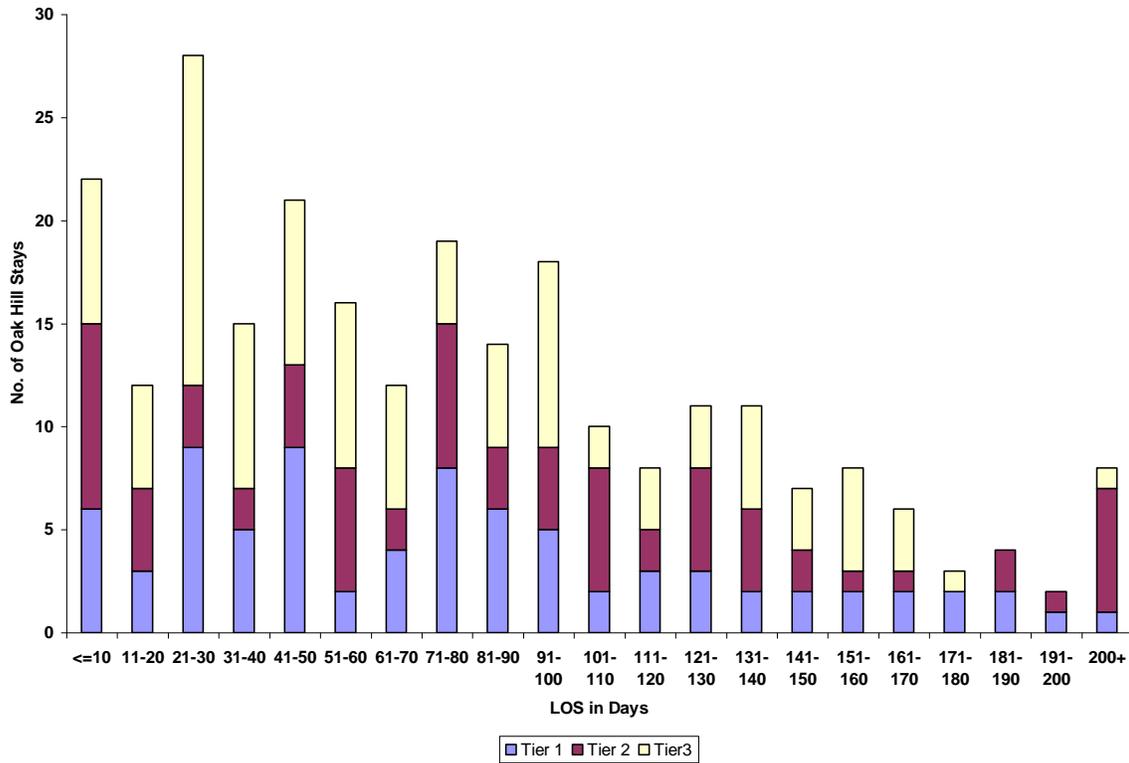
Source: DYRS

Once placed at Oak Hill, most youth do not stay very long. The median length of stay was 71 days and the average was 79 days (Figure 10). Length of stay does not vary much by offense tier. Tier 1 youth had median lengths of stay of 72 days and an average of 78. Tier 2 youth stayed at Oak Hill slightly longer, a median of 81 days and an average of 90 days. Tier 3 youth had median lengths of stay of 59 days and an average of 71 days.

During the study year, 31 youth had lengths of stay over 150 days. This analysis understates the average length of stay because the analysis was left-truncated at June 30, 2005 (as if all the youth were discharged on that date). If these youth were tracked for a

longer period, the analysis will undoubtedly show a longer length of stay and underscore the problem of youth who get “stuck” at Oak Hill awaiting a subsequent placement.

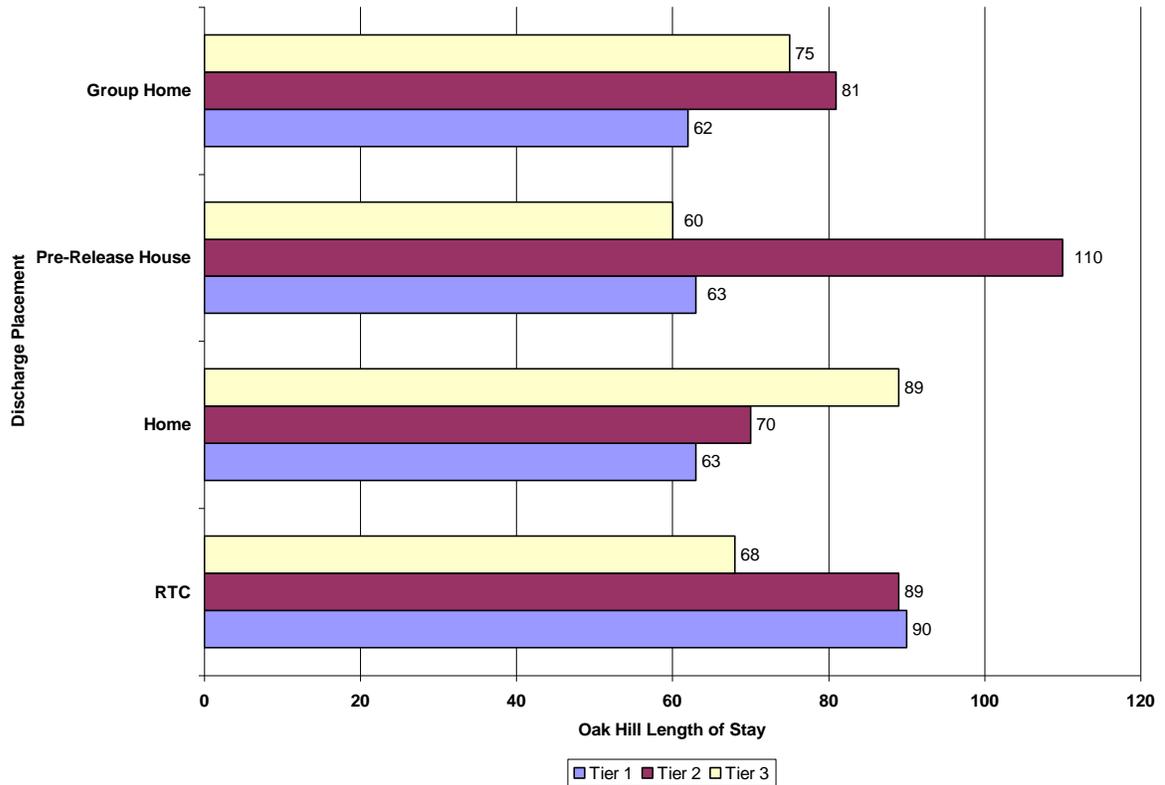
Figure 10. Distribution of Length of Stay by Offense Tier



Source: DYRS

Lengths of stay at Oak Hill do not correlate with offense severity and prior offense history. This may indicate that offense severity plays little role in how DYRS caseworkers decide on the appropriateness of secure custody. Incarceration at Oak Hill appears not be used as an accountability measure because low level offenders stay at the facility as long as the most serious offenders. The short lengths of stay at Oak Hill raise the question of how secure custody is used in the DYRS. With the typical youth spending a little more than two months at Oak Hill before being moved elsewhere, it is difficult to see how any programming at the facility, no matter how good, could produce meaningful change in youth behaviors.

Figure 11. Oak Hill Discharges and Length of Stay by Tier and Next Placement Type



Source: DYRS

The most common placement after discharge from Oak Hill is a residential treatment center (RTC), regardless of the offense tier. On average, youth headed to a RTC spent 78 days at Oak Hill. Youth in tier 1 took 90 days before placement at a RTC while those in tier 2 took 89 days (Figure 11). Tier 3 youth were moved to a residential treatment center after an average stay of 68 days at Oak Hill. The longer time to place more serious offenders may reflect the greater difficulty in finding a facility willing to admit the youth.

The second most likely destination after Oak Hill is home. Youth headed home spent an average of 77 days at Oak Hill. Oddly, the length of stay before placement home was inversely related to the severity of offenses committed and prior adjudications. Youth in tier 3 waited 89 days before release from Oak Hill while tier 2 youth spent just 70 days. Tier 1 youth discharged from Oak Hill to home were in secure custody for just 63 days.

The data on length of stay and placement after discharge indicate that Oak Hill lacks a coherent purpose. The pattern seems to indicate that Oak Hill is an almost automatic placement for youth newly committed to DYRS. At Oak Hill, if a RTC placement is justified, they wait for several months until a RTC slot becomes available. If a RTC is not warranted the youth is most likely to be simply sent home or stepped down to a pre-release house or group home.

Case Review Findings

The case reviews provide a qualitative picture to accompany the data analysis. The case studies of 15 randomly selected committed youth at Oak Hill are included in Appendix B. Nearly all the youth have educational, social, substance abuse, and mental health needs and many have suffered traumas and troubled family situations. In every case, Oak Hill served as simply a way station between placements.

The case summaries are heavily factual, rather than narrative, because the case records were very spare. The underlying records provide relatively thin descriptions of the youth and little explanation for placement decisions and moves. This may reflect a practice among case managers in the juvenile justice system to view themselves as principally service brokers moving youth through the system rather than as active participants in the assessment and engagement of youth and their families. In addition, there is little information from RTCs about youth needs, services, or progress. Youth are moved from RTCs to home without much explanation in the case records.

The case reviews of tier one youth, those committing the most serious offenses, show that the youth were involved in the juvenile justice system for many years before their commitment to Oak Hill during the study year. Despite extended periods of probation and lengthy records of psychiatric and educational evaluations, there are few services noted in the record designed to help the youth change their behaviors or their families to provide more effective supervision. Instead, the youth experienced a revolving door of probation and detention until they committed an offense serious enough to trigger commitment. Three of the five tier one cases reviewed stayed at Oak Hill for a few weeks or months until placement in a residential treatment center (RTC). One was released home and ran away within two months. And another was stepped down to a pre-release house and allowed a home visit immediately, though no services had yet been put in place, and failed a drug test afterwards. The case reviews are a litany of failed opportunities to engage the youth in productive activities and provide effective supervision in the community until the youth committed a serious offense.

The tier two cases read very much like the tier one cases, except that the youth had not yet committed a serious felony during the study period. Of the five cases, one is awaiting adult narcotics charges, one is charged as an adult in a fatal car crash, and a third absconded from a RTC. The other two were stepped down to a pre-release house and a RTC. A characteristic of the service plans developed for these youth were unrealistic educational goals (completing high school or GED) considering they had documented many years of school failure and avoidance. The lack of concrete supports to achieve such basic goals is a strong predictor of failure after the youth is returned to the community.

Among the tier three cases, four of the five had never been on probation. However, they all had severe difficulties at home and three had histories of running away. The likelihood of running away and family difficulties probably contributed to the decision to commit these youth despite their relatively light offenses. The use of secure incarceration for these youth underscores the lack of alternatives. They had not committed offenses that pose serious public safety risks and they lacked prior involvement in the juvenile

justice system. However, because they could not be adequately supervised in the community, they were committed to DYRS and placed at Oak Hill.

In sum, the case reviews indicate that youth sent to Oak Hill follow a similar arc. They are held at Oak Hill while awaiting placement in less restrictive settings. The most serious offenders are treated similarly as lower level offenders. And, secure incarceration is used when the existing alternatives are inadequate. The case reviews also raise questions about the quality of case management in the juvenile justice system and highlight a lack of information in District records about RTC placements.

Recommendations:

- **DYRS should end the use of Oak Hill as a way station for youth pending placement to less restrictive settings.** One-third of the Oak Hill committed youth population were discharged to a residential treatment center. DYRS should develop a system to move youth directly from their commitment hearing to an appropriate placement. Since many committed youth spend an extended period in detention or other pre-adjudication supervision, it should be possible to conduct the assessments necessary to determine the most appropriate placement after adjudication.
- **Secure incarceration at Oak Hill should be limited to those youth committing the most serious offenses and posing the greatest public safety risk.** Only 30 percent of the bed days used by the study population were for those committing the most serious felonies. The bulk of Oak Hill's resources are consumed on youth whose offenses might be better addressed in other settings. Secure custody at Oak Hill should be designed to address the unique circumstances of youth who cannot be served in other settings. DYRS should establish clear criteria to guide case managers in deciding whether placement in secure custody is appropriate.
- **As Oak Hill is redeveloped using the Missouri model, the length of stay should increase.** Youth committing the most serious offences used an average of just 17 beds per day at Oak Hill. However, they experienced a median length of stay of just 78 days. Under the Missouri approach, the length of stay is typically at least 6 to 9 months (180 to 270 days). In order for a therapeutic treatment approach to work, youth must participate and progress in a structured environment for a longer period of time than under current Oak Hill practices. If Oak Hill's replacement houses only the most serious offenders but places them for longer periods consistent with the Missouri approach, the District should require between 40 and 60 secure beds.
- **A robust set of alternatives to incarceration is needed to serve youth with lower level offenses.** Currently, RTCs are the principal alternative to secure custody in the District. DYRS should develop as wide an array of alternatives as possible to meet the individualized needs of committed youth. For example, in Missouri, nearly all youth leaving secure custody attend day treatment programs that provide continued supervision, counseling and educational services. Short-term wilderness programs or other strategies to engage youth could be used instead of Oak Hill before placing youth back home. And in the community, an array of programs is needed to properly match youth needs and temperaments to achieve realistic behavioral changes.
- **Ideally, a case-by-case review of youth at Oak Hill should be conducted to identify the spectrum of community-based services needed by committed youth and their families.** The reviews should fully assess each youth and engage their families in planning a strategy to provide sufficient supervision and support in the community. The goal of each plan would be to make sure the youth is

engaged in a productive activity (school, work, training) and has a connection to supportive adults in their community. After individualized reviews, groupings of services would be identified and contracted. Practically, such an individualized approach is very difficult to implement. Some services (such as mentoring, substance abuse treatment, family functioning therapy and multi-systemic therapy) will likely be needed by many families and providers are unlikely to be able to hire staff and open programs without greater certainty in funding. The key is to make sure that service plans are individualized and well constructed so that the alternatives do not become yet another link in the chain of youth failures.

- **Developing a continuum of community-based alternatives requires a shift in philosophy in how case managers and probation officers work with youth and their families.** The District's juvenile justice system is geared towards identifying the needs and deficits in delinquent youth to justify placement or referral to specialized services. In order for a new system of community-based alternatives to work, case managers and probation officers must adopt a new set of attitudes and habits to assess youth capabilities, engage them in a change process, and plan a web of supports to help the youth succeed. Identifying and procuring a continuum of community-based alternatives will be insufficient if case managers and probation officers do not make the shift.
- **Decision supports using objective criteria are needed to assist case managers incorporate offense severity and prior offense history in their case planning and decision making.** The current pattern of incarceration at Oak Hill indicates that there is little relationship between offenses committed and the use of secure custody. Objective decision supports would provide guidance to case managers in which youth could benefit from which placements and services the most. However, any such tools should be flexible and provide room for exceptions so that case plans match individualized needs.
- **Service providers, Court Social Services and DYRS should develop joint protocols, trainings, and service standards to create as seamless a system as possible.** The District's juvenile justice system is currently fragmented among multiple providers and case managers. Court Social Services has case responsibility until a youth is committed to DYRS. After a youth is committed to DYRS, contract agencies provide out-of-home placement and after-care services with little involvement of the agency. A team approach would improve coordination across agencies and allow for better assessment and engagement of youth.
- **The District should examine the feasibility of incorporating elements of the RECLAIM Ohio (Reasoned and Equitable Community and Local Alternatives to the Incarceration of Minors) program to financing secure custody and alternatives.** RECLAIM Ohio is a market-based approach to financing juvenile justice reform. In Ohio, the state juvenile justice agency allocates funds spent to incarcerate delinquents to local courts. Then, local allocations are charged a portion of the costs of secure custody for each youth placed in a state facility. If local courts reduce the number of youth housed in

state facilities, the remainder of the allocation is rebated to them. Localities can then use the savings to develop community-based programs. In the District, a system could be created to allocate a portion of the current Oak Hill budget to Court Social Services and it could use savings from fewer commitments to finance improved probation services. In turn, DYRS would have the financial flexibility to generate savings from fewer placements in RTCs and Oak Hill to fund stronger community-based programs.

Methods and Data Notes

This analysis is based on two primary sources: a database created by the Department of Youth Rehabilitation Services (DYRS) and case reviews conducted by Marty Beyer. The database from DYRS was created by pulling case records from DYRS (JIM) and DC Superior Court (JUSTIS) information systems. The dataset includes all youth committed to Oak Hill Youth Center between July 1, 2004, and June 30, 2005.

The database used in this analysis includes the following items:

Data Element	Definition	Data Source
Youth Characteristics		
Name	Youth's Name	JIM
Social File #	Social File Number (created by DC Superior Court)	JIM
Date of Birth	Date of Birth	JIM
Race/Ethnicity	Race and Hispanic Origin (combined)	JIM
Ward	Ward of Residence	Weekly Committed Master Roster
Street Address	Street Address	JIM
Zip Code	Zip Code	JIM, Board of Elections Street Index
Placement History		
Location/Supervision Level	Name of each placement with DYRS prior to and since date of commitment/ security level	JIM, Case Managers
Beginning date at location/supervision level	Date of admission at each placement	JIM, Case Managers
End date at location/supervision level	Date of release at each placement	JIM, Case Managers
Placement reason	Why in this placement?	JIM, Case Managers
Transfer reason	Why released from this placement?	JIM, Case Managers
Current Offense		
Initial Charges/Number	Number of initial charges in commitment jacket	JUSTIS
Initial Charges/Type	Codes of initial charges in commitment jacket	JUSTIS
Plea	Last plea prior to adjudication for each individual charge	JUSTIS
Charge Date	Date initial charges were filed	JUSTIS
Offense Date	Date offense was allegedly committed	JUSTIS
Disposition Charge Code	Code(s) for charge(s) of commitment	JUSTIS
Disposition Dates	Disposition dates in commitment jacket	JUSTIS
Disposition Judge	Judge who issued commitment disposition in jacket	JUSTIS
Termination Date/Court	Date on which commitment is terminated by judge	JUSTIS
Termination Date/DYRS	Date on which DYRS completes discharge summary, thereby closing the case	JIM
Offense History		
Prior Commitments/Number	Number of prior commitments to DYRS	JUSTIS
Prior Delinquency Jackets/Number	Number of prior delinquency jackets in DC Superior Court	JUSTIS
Prior Dispositions/Number	Number of prior dispositions	JUSTIS
Type of Prior Dispositions	Type of each disposition prior to commitment order (e.g. Consent Decree, Probation, etc.)	JUSTIS
Most Serious Prior Disposition	Most serious charge of prior disposition	JUSTIS
Any Charges Since Last Disposition	Number of delinquency jackets with new charges since commitment disposition date	JUSTIS

The information systems used by DC Superior Court and DYRS are not linked nor are they designed for analytical purposes. Both systems serve as electronic versions of the paper case records. As a result, creating the analytical database for this analysis required hand matching of records and reading through case notes and logs to generate many data elements. The linking of the Superior Court and DYRS records was essential to creating a full picture of committed youth, their offenses, and offense history. However, creating the dataset in this manner introduces the possibility of errors due to lack of clarity in the underlying records, mismatching of case files, and transcription errors between the underlying data sources and the DYRS analytical file.

While the potential for errors and mistakes in the analytical data exists, the data sources were the best available. The combined and linked data provide the best possible understanding of the population of youth committed to Oak Hill. Ideally, each data element generated for this analysis would have been compared against individual case

records for conflicts. But, that was not possible given the available time and resources for this analysis.

Though the dataset is sufficiently reliable for the purposes of the overall population analysis, it lacks the detail about individual youth necessary for understanding about specific youth strengths and needs. To provide some additional insight about those issues and check the general accuracy of the analytical dataset, this analysis commissioned case file reviews of 15 youth.

The case file reviews were conducted by Marty Beyer using all available paper case records from DYRS. Cases were selected after the Oak Hill committed youth population was divided into three tiers based on adjudicated offenses and prior offense history. Tier one cases included those adjudicated for the most serious felonies or who had a prior adjudication for a serious felony. Tier two cases were those that committed less serious felonies and had a previous adjudication for a felony. Tier three included all first time offenders committing less serious felonies, misdemeanor violations, and drug possession. Five cases were randomly selected from each tier for case reviews. The full case reviews are included in Appendix B. In order to maintain confidentiality, all dates and places that could be used to identify youth were redacted.

Appendix A
Offense Severity Grouping

Group 1

1st degree murder w/armed

1st degree murder w/armed

Group 2

2nd degree murder w/armed

2nd degree murder

1st degree sex abuse

2nd degree sex abuse w/armed

1st degree child sex abuse w/a

Group 3

AWIK w/a

Burglary 1^o w/a

Carjacking w/a

Child sexual abuse 1^o

Kidnapping w/a

Voluntary manslaughter w/a

Group 4

Aggravated assault w/a

Voluntary manslaughter

Group 5

Armed robbery

AWI commit any offense w/a

AWI commit robbery w/a

AWIK

Burglary 1^o

Carjacking

Involuntary Manslaughter w/a

Involuntary Manslaughter

Kidnapping

Malicious disfigurement w/a

Mayhem w/a

Obstruction of justice

PFCOV

Child sexual abuse 2^o w/a

Sexual abuse 2^o w/a

Sexual abuse 2^o

AWI commit 1^o child sexual abuse w/armed

AWI commit 2^o child sexual abuse w/armed

AWI commit 1^o sexual abuse w/a

AWI commit 2^o sexual abuse w/a

Child sexual abuse, attempt 1^o w/a

Child sexual abuse, attempt 2^o w/a

Sexual abuse, attempt 1^o w/a

Sexual abuse, attempt 2^o w/a

Group 6

Aggravated assault

Arson

APO w/ dangerous weapon

ADW

AWI commit robbery

Attempt robbery w/a

Burglary 2^o w/a

Cruelty to children 1^o

Malicious disfigurement

Mayhem

Robbery

AWI commit 1^o child sexual abuse

AWI commit 2^o child sexual abuse

AWI commit 1^o sexual abuse

AWI commit 2^o sexual abuse

Child sexual abuse, attempt 1^o

Child sexual abuse 2^o

Sexual abuse, attempt 1^o

Group 7

AWI commit mayhem

Burglary 2^o

Incest

Negligent homicide

Sexual abuse, attempt 2^o

Sexual abuse of a patient 1^o

Sexual abuse of a ward 1^o

Sexual abuse 3^o

Group 8

APO

Theft 1^o

AWI commit any offense
Aggravated assault,
Bribery
Burglary, attempt
CPWL/CDW
Cruelty to children 2^o
DP (f)
Extortion
Introducing contraband
Kidnapping, attempt
Perjury
Procuring
Robbery, attempt

Threats
Trafficking in stolen property
UUV
Child sexual abuse, attempt 2^o
Enticing a child
Sexual abuse of a patient, attempt
1^o
Sexual abuse of a ward, attempt 1^o
Sexual abuse, attempt 3^o
Sexual abuse 4^o
Sexual abuse of a patient 2^o
Sexual abuse of a ward 2^o

Group 9

Bad check
Bail reform act (BRA)
Blackmail
Crack house, maintaining
Credit card fraud
Embezzlement
Escape
Escape, attempt
False personation of a police officer
Forgery
Fraud 1^o
Fraud 2^o

Impersonating a public official
Obtaining narcotics by fraud
Pandering
PPW -- second + offense
RSP
UE (vending machine)
Uttering
Enticing a child. attempt
Sexual abuse, attempt 4^o
Sexual abuse of a patient, attempt
2^o
Sexual abuse of a ward, attempt 2^o

Source: The District of Columbia Sentencing Commission, *2005 Practice Manual: The Superior Court Of The District Of Columbia Voluntary Sentencing Guidelines For Pleas And Verdicts Entered On And After June 14, 2004*, p. D-1.

Appendix B
Case File Reviews

CASE STUDIES
OF 15 RANDOMLY SELECTED COMMITTED YOUTH AT OAK HILL

Marty Beyer, Ph.D.

October 7, 2005

J.C.
Tier 1

J.C. is an 18-year old male from [location] who is bright, plays keyboard, writes music, and enjoys football. This is his first adjudication and first commitment in D.C.; he was on probation in [date] for armed robbery and [date] for UUV in [location]. He was in an inpatient drug treatment program in [location] from [date] for alcohol and marijuana dependency. On [date], at age 17, he was arrested for misdemeanor sexual abuse and kidnapping in D.C. He was detained at Oak Hill, placed at shelter house on [date] (where he reportedly stole from peers and had urine testing positive for marijuana), and was stepped back to Oak Hill when he was found guilty on 1/7/05; he was transferred to the YSC. The [date] social study requested a continuance of the disposition hearing pending psychosexual and psychiatric evaluations. He was committed on [date] (at age 18) by [judge]. On [date] he was placed in the Trudie Wallace Pre-Release House and immediately had a weekend home visit with his parents; drug treatment at APRA and counseling services from Abraxas and Family Trauma were not in place. He met his aftercare worker on [date]; two days later he had a dirty urine.

J.C. had been living with his father, who is an [profession], and younger brother in [location] after his parents separated in [date]. He was upset by their divorce; his mother lives nearby and reportedly has a good relationship with her children and their father. He also feels close to his grandmother and aunt. J.C. attended elementary school in [date] until the family moved to [location] when he was in 6th grade. He attended middle and high school in [location], and had passed the reading but failed the math and writing functional tests in [location]. He passed the GED exam before leaving Oak Hill.

The [date] psychological evaluation found that J.C. had a FS IQ of 99, in the average range; the difference between his lower verbal and higher performance suggests disabilities, and his speaking and writing were impaired. The psychological evaluation did not include an assessment of sexually deviant thinking. He told the evaluator that since age 13 he had six sexual partners, and would never force anyone to have sex. The evaluator diagnosed PTSD, because of his feelings of being unloved and his reaction to his parents' divorce, cannabis and alcohol dependence, and communication disorder. The evaluation contained no recommendations for treatment other than substance abuse and special education. He was placed in regular education at Oak Hill.

When he moved to the Pre-Release House in [date] he had a risk score of 11. J.C.'s needs listed in his ISP were: "address issues of severe dependency on narcotics and alcohol on a daily basis, address reasons for his poor decision-making skills, and attend a college or trade school to assist him in attaining a profession."

B.F.
Tier 1

B.F. is a 15 year old male who played baseball and football and got good grades in math when he was younger. These are his first adjudications and first commitment, and he was never on probation. On [date], at age 14, he was arrested for possession of marijuana and detained; he was released to his aunt's custody by the judge on [date]. On [date], he was arrested for simple assault after allegedly punching a girl in his 8th grade class at [school]; he was released home on the intensive supervision program and was attending [school]. He pled to possession of marijuana and simple assault on [date], continuing on the intensive supervision program (although the Consortium of Youth Services said they never received the referral from DYRS in [date]). Three drug tests in [date] were positive for marijuana, and he was referred to the Abraxas outpatient substance abuse program. In [date] he was stepped back to Oak Hill when he was arrested for robbery while pending disposition on his other charges. B.F. was committed on [date] by [judge] (at age 15). In his first month at Oak Hill, he was in confinement in 10B for angry outbursts: "easily irritated, impulsive, ADHD."

B.F. was raised by his [age]-year old maternal great-grandmother; his aunt was also in the home in [location] in [location] D.C. where they lived almost all of B.F.'s life. He and his two younger half-siblings had little contact with their mother; he reports that his father died when he was a toddler. CFSA investigated in [date] after reports of lack of supervision by his great-grandmother. Shortly after he was committed, his great-grandmother died.

An Oak Hill mental health assessment in [date] diagnosed Depressive Disorder and Cannabis Abuse, with the possibility of ADHD and an impulse control disorder; "he denies most symptoms except for losing his temper easily, getting frustrated a lot and feeling like he doesn't want to go to school anymore...insight and judgment are poor...impulsive, easily irritated...has a short attention span...He has incurred numerous charges within a few months. He used marijuana heavily on a daily basis and does not see this as a problem. He associates with peers who use and sell drugs." The goals in the mental health assessment were "remain emotionally and behaviorally stable at Oak Hill, not curse at correctional staff or teachers...show effort both in school and on his living unit...wet at least one positive goal for his future...be able to state at least three negative consequences of using drugs." Mental health counseling was proposed to promote behavioral adjustment, goal setting, substance abuse education and grief/loss issues. Discharge services recommended by mental health were intensive outpatient drug treatment with individual counseling for mood/behavior disturbance and wraparound services to promote regular school attendance and compliance with a curfew (to be provided 2-3 times per week for at least a year).

He was in regular education at Oak Hill. B.F. had a risk score of 22, and the goals listed in his ISP at Oak Hill in [date] were: "eliminate aggressive behaviors, terminate all acts of violence or cruelty toward people; maintain total abstinence for all mood altering substances; and eliminate the pattern of engaging in acting-out, disruptive or negative attention-seeking behaviors when confronted with difficulty or frustration in learning."

DYRS contacted his grandmother who lives in [location] and had taken custody of his younger siblings. On [date] B.F. was transferred to the Trudie Wallace Pre-Release House; he was referred for mentoring, intensive supervision, home based counseling and afterschool enrichment but none of the providers had been identified when he moved to the pre-release house. In [date] he was eager to leave the pre-release house, his grandmother had been awarded guardianship, but had to get his school records to enroll him in a school near her before he could be released. On [date] he was placed with his grandmother, on [date] he was suspended from school, ran away, and a custody order was issued.

M.L.
Tier 1

M.L. is a 16-year old male who is described as pleasant and cooperative. This is his first commitment. He pled guilty to simple assault in [date] and received six months probation. On [date], at age 14, he was arrested for UUV-Driver, Receiving Stolen Property, and Driving without a Permit; he was detained at Oak Hill, then released to shelter house; he was stepped back to Oak Hill on [date] when he was arrested for a second UUV-Driver. His probation was revoked on [date]. On [date] he pled guilty to UUV. On [date] he was committed by [judge] on the [date] offense (he was 15 at commitment). On [date] he was placed at Summit Academy, a residential program in Pennsylvania.

M.L.'s mother has a chronic mental illness and his father has not been involved in his life. He was raised primarily by his grandmother and then by his [age]-year old sister in [location]D.C.; she also has two children and M.L.'s younger brother. At the time of his arrest, M.L. was in 9th grade at [school] in regular classes.

The [date] psychological evaluation found that he was reading and doing math at the 5th grade level. His FS IQ of 81 was in the low average range, The evaluator concluded that he has a "damaged self-image, a view of the world as unsafe, and of himself as vulnerable to harm. This has resulted in feelings of extreme anger and distrust...His ability to think logically and coherently is impaired...[he has] maladaptive interpersonal behaviors." The evaluator recommended secure residential placement.

The [date] psychiatric evaluation described M.L. as extremely anxious and having poor judgment. "Even though he knows hanging with gangs and violating his curfew will get him into trouble, he only feels safe when he is with his gang." He was diagnosed with Post-Traumatic Stress Disorder, with chronic anxiety, proactive aggression and hypervigilance. Because of genetic predisposition, the psychiatrist recommended antipsychotic medication to protect him from having psychotic episodes. Because of his academic difficulties, an IEP was recommended. Residential treatment was recommended for control of his impulses, to help him feel safe, and necessary treatment.

At Oak Hill in [date] M.L.'s needs listed in his ISP were: "build resiliency against being pulled into gang life and thus minimize criminal activities in the community, maintain gains from Summit Academy and avoid being incarcerated either in the juvenile or adult system, graduate or receive vocational skills training certificate or GED." No mention is made of treatment for PTSD or special education.

D.R.
Tier 1

D.R. is a 14-year old male who has good communication skills and a supportive family. This is his first adjudication and first commitment, and he has never been on probation (he had a consent decree for UUV driver two months before this charge). On [date], at age 13, he was arrested for assault with intent to rob when he and friend beat up another youth and his friend took his shoes. On [date], he was arrested for UUV passenger; he waited at Oak Hill until [date] when he was placed in a shelter house. On [date] he pled guilty to both offenses. In a disposition report in [date], the probation officer recommended probation. On [date] he was stepped back to Oak Hill for not attending school; in October he was released to his mother. He returned to Oak Hill on [date] on a custody order, and was transferred from Oak Hill to YSC on [date]. He was committed by [judge] on [date] (at age 14). On [date] he was placed at Summit Academy, and case notes in [date] indicate he is doing well.

D.R. lived with his mother and stepfather, both of whom are employed. His father has been incarcerated for many years; since he initiated correspondence with his father, he reports he feels less unhappy about his father not caring about him. He attended [school] from K through 6th grade, receiving special education services for reading. He was expelled from [school] for throwing scissors at another student; his mother was unable to get him enrolled in any school from [date] until the end of the school year (even though special education students are not allowed to be kept out of school). In the [date], he started at [school], repeating 7th grade which he said was too difficult (and his mother said special education was not being provided). He and his mother agree that he is used to getting his way and did not like curfew and other limits she (and the court) imposed to stop him from being a follower with negative peers.

The [date] psychological evaluation found that he functions in the average range on working memory and processing speed, and low average in verbal comprehension and perceptual reasoning. He has difficulty understanding complex information that is conveyed verbally. He also had difficulty with arithmetic and organizing information presented visually. At age 13, he was reading at the 2nd grade level and doing math at the 6th grade level. He was diagnosed with Depressive Disorder and Reading Disorder. He was described as prone to anger, having poor impulse control and feeling that he had disappointed his mother and grandmother. Home placement with intensive supervision, individual and family therapy, and a new IEP were recommended.

The [date] psychiatric evaluation concluded that D.R. is depressed and Wellbutrin was recommended. Embarrassment over his poor reading results in hanging out with kids who steal cars to improve his sense of self-esteem. Although he had three arrests in a few months including beating up someone who humiliated him, prognosis was seen as good with the proper special education and therapeutic services.

At Oak Hill in [date] D.R. had a risk score of 15. The needs listed in his ISP were: “control aggressive tendencies toward others and follow directions given by authority; complete the GED; follow rules and court orders instructed by authority.” No mention is made of treatment for depression or special education.

D.W.
Tier 1

D.W. is a 17-year old male who is described as bright, an above average math student, thoughtful, and resilient, given his troubled upbringing. This is his first commitment; he was placed on probation in [date] for a UUV-Driver and ADW-Car in [date] (when he was 13). He was also detained and then on probation in [date] in [location] for [date] Theft. On [date], at age 15, he was arrested for UUV-passenger. He was found guilty on [date]. The [date] social study recommended probation with counseling, mentoring, community service, and school attendance. He was a daily marijuana user, but after early [date] his drug tests were negative. He was living at home, failed to appear for a court hearing, was stepped back to Oak Hill [date], was released to shelter, absconded [date] and was detained at Oak Hill on [date] on a custody order. The court ordered a MAPT meeting before his disposition on [date]. He was jumped several times at Oak Hill and felt unsafe, and on [date] he was transferred from Oak Hill to YSC. In [date], the MAPT recommended a structured, therapeutic environment, counseling to address decision-making skills, family dynamics, depression, abandonment issues and substance abuse, and a challenging academic curriculum. On [date], at age 16, he was committed by [judge] (on the [date] offense) with the plan that he go to Glen Mills in Pennsylvania; he was placed at Glen Mills on [date]. In [date] case notes indicate he is doing well at Glen Mills and had taken the GED test, with the hope of starting college; his grandmother has been a strong supporter and visited at Glen Mills.

D.W. was ordered by the court to live with his grandmother in [date]; previously he had lived with his mother and her boyfriend in [location] D.C. since his mother returned from being incarcerated for Grand Larceny in [date]. His mother said he does not get along well with his father who D.W. criticizes for drug use and criminal activity. Although he said he was close to his mother, he complained that he was neglected by her and grew up surrounded by drugs and criminal activity. He attended [school] from kindergarten through 8th grade, where he was on the honor role most of the time. When he was in 8th grade, he moved with his family to [location], his grades went down and he had his first arrest. He started high school in [location], and then was ordered by the court to attend the [school]. While living with his grandmother in [date], he was in 10th grade at [school].

The [date] psychological evaluation found that D.W. was reading and doing math at the 12th grade level at age 16 (although he had some difficulty with comprehending the meaning of what he read). He had a FSIQ of 102, in the average range. The psychological evaluation concluded that he was depressed, felt angry and hopeless and used marijuana to cope with his pain. He was emotionally overloaded, causing him to react to his emotions rather than think through his decisions. Evaluation for an antidepressant, individual therapy, advanced placement math classes, help with reading comprehension, and drug education were recommended. The [date] psychiatric evaluation recommended residential placement only if substance abuse treatment, therapy, mentoring, and electronic monitoring failed in the community.

When he moved to Glen Mills in [date], he had a risk score of 9. D.W.'s needs listed in his DYRS ISP were: "demonstrate compliance with rules, control over impulses, and acceptance of responsibility for his behavior, maintain total abstinence from all mood altering substances, and receive a high school diploma."

B.A.
Tier 2

B.A. is a 19-year old male who enjoys basketball, football and music and is respectful. On [date] [judge] committed B.A. on a [date] PWID-Cocaine charge (he was 18 when he was committed); this is his second commitment in D.C. He was on probation in [location] in [date]; on [date], at age 15, he was arrested for PWID Cocaine, for which he was found guilty on [date]. In a [date] his probation officer recommended Intensive Supervision, believing that he could “make a positive turnaround” but that he needs a structured community setting with weekly individual and family counseling, electronic monitoring, and drug testing. He was subsequently committed, and that commitment was “unsuccessfully terminated,” according to JIM, in [date].

B.A. was premature and reportedly weighed a little over two pounds at birth. He may have been substance exposed in utero. He attended three elementary and three middle schools. In middle school he was diagnosed with learning disabilities.

A [date] psychiatric evaluation indicated that 17-year old B.A. had been at Riverside Hospital twice in the previous month due to hallucinations, delusions and suicidal ideation. He had been living at home and thought people were out to get him; reportedly he shot his girlfriend. Two grandparents and a cousin had died in recent months. He had been using marijuana daily for a year. In the Riverside RTC he was prescribed Abilify, an antipsychotic. He was diagnosed with Major Depression with Psychotic Features, Psychosis, ADHD, Cannabis Abuse. No mention was made of his educational needs.

B.A. was living with his mother, her boyfriend, and two younger siblings in a one-bedroom apartment in [location] D.C. His mother and her boyfriend are both employed. His father is incarcerated.

B.A.'s [date] IEP at Oak Hill, for LD, called for full-time special education instruction and a half hour weekly of speech/language and listed his math at the 5th grade level and reading at the 2nd grade level.

On aftercare at home in [date] pending an adult narcotics charge, B.A. had a risk score of 26. The needs listed in his ISP were: “complete the requirements of a high school diploma, complete a substance abuse treatment program to strengthen and reinforce his limited relapse prevention skills, and acknowledge the negative implications/effects of his previous ill-advised and unlawful activities.” There was no mention of his previous severe mental health problems.

C.C.
Tier 2

C.C. is a 16-year old male who enjoys reading, singing, dancing and writing poetry; he is writing a book and wants to be a costume designer. This is his first adjudication and first commitment, and he has never been on probation. On [date], at age 15, he was arrested with marijuana while riding in a stolen car. On [date]he pled to possessing marijuana. He was placed at shelter house, absconded, was picked up on a custody order, and was detained at Oak Hill on [date]. At his [date]disposition he was committed (at age 15) by [judge]. On [date] he was placed at Summit Academy, a residential program in Pennsylvania.

C.C. had been living with his mother and [number]siblings in the same home in [location] D.C. for 12 years; he does not have contact with his father who lives in [location]. Both his parents are high school graduates; his mother is employed and also is an active sickle cell advocate (his younger brother required numerous hospitalizations for sickle cell). He attended kindergarten through sixth grade at [school], repeating sixth grade. At [school], he repeated both sixth and seventh grades twice. In [date], when he was 13, C.C. fell off a scooter and had a serious head injury. When he was discharged from the hospital, school accommodations for speech and communication deficits from the head injury were recommended.

During the [date]school year he was repeatedly truant from school. He re-enrolled in [school] in [date]when he was in the shelter house, but was suspended twice that month before being sent from school to the emergency room after having a reaction to the combination of marijuana and his prescription medication (Adderal for ADHD). In [date]the judge ordered psychological and psychiatric evaluations. The psychological was not available, but was summarized in the psychiatric. C.C. had a tested IQ in the low average range, with deficits in memory and executive function possibly connected to his head injury. The psychiatric evaluated noted that C.C. had school problems and probably AHD before his accident, and his symptoms were exacerbated after the head injury, including worsening of his judgment and moodiness. The psychiatric recommended residential placement in a facility equipped to deal with adolescents with the aftereffects of brain injury, indicating he would have considerable difficult in a regular school placement or juvenile facility because of his impaired judgment, impulsivity and irritability.

Apparently C.C. was labeled special education-LD at Oak Hill, but an IEP was not available. At Oak Hill, C.C. had a risk score of 18. The goals listed in his ISP in [date]were: “must obtain his high school diploma, must abstain from any substance use/abuse, and must learn to adhere and obey all local laws.” His head injury and school, judgment and social difficulties connected to it were not mentioned in the ISP.

R.H.
Tier 2

R.H. is a 17-year old male who is articulate and has strong support from his mother and uncle. This is his first adjudication and first commitment, and he has never been on probation. On [date], at age 15, he was arrested for leaving an accident (injuries) and PWID marijuana; on [date] he was arrested for distribution of cocaine. He was detained at Oak Hill on [date]. He pled in both cases on [date]. The [date] social study recommended placement in a youth shelter house and enrollment in a GED program because he required a “supervised, structured and semi-secure environment.” He was moved from Oak Hill to the YSC on [date]; it is unknown when he was released to the shelter house where he did well. The [date] follow-up report recommended probation, electronic monitoring, and continuation in the CEEP program (for a GED) and the ARCH program (for vocational education). Nevertheless, at his [date] disposition he was committed by [judge], at age 16. He was eager to be placed at the Pre-Release house but waited for months at Oak Hill because one of his original charges from [date] was pending disposition before [judge] (dismissed in [date]); he was released to Trudie Wallace Pre-Release House on [date]. While at the Pre-Release House he requested that he continue at the ARCH program; he was also referred to the Abraxas substance abuse and mentoring services.

R.H. had been living with his mother and four younger siblings in [location] D.C.; his father has been incarcerated his entire life. R.H. was retained three times in 7th grade. He seldom attended in 2003-2004 or 2002-2003 school years, he said because he was so old for his grade.

When he moved to aftercare in [date], he had a risk score of 6. R.H.’s needs listed in his ISP were: “avoid relapsing into criminal activities, avoid reverting back to engaging in activities in the community that may get him arrested again, and getting a GED before his DYRS commitment expires.”

B.O.
Tier 2

B.O. is a 17-year old male who excels at football and basketball and is artistic. This is his first adjudication and commitment in D.C.; he was never on probation in D.C. On [date], at age 15, B.O. was arrested for UUV-driver, reckless driving, leaving the scene of an accident, and receiving stolen property. He was placed at shelter house on [date], absconded on [date], was picked up on a custody order on [date] and was detained at Oak Hill. On [date] he pled to UUV and RSP, and he was released to his maternal aunt. On [date] he was detained in [location] for an alleged handgun violation, but was released when the charge was dismissed on [date]. He was arrested in D.C. in [date] for theft and carrying a dangerous weapon, detained at Oak Hill and released. Apparently he returned to Oak Hill on a custody order [date]. At his [date] disposition, at age 16, he was committed by [judge] for the charges 15 months before. At a hearing in [date] [judge] complained that B.O. had been at Oak Hill so long awaiting placement. On [date] he was placed at Youth for Tomorrow, where he absconded on [date] after being told he would have to be placed elsewhere due to aggressive behavior toward staff and peers. He remained in absence in [date].

B.O.'s mother was incarcerated when he was born, and he was raised primarily by his maternal aunt. He lived with his mother as a teen but complained about her treatment and after a few months returned to his aunt and his [number] cousins in [location] D.C. He has had little contact with his parents who he reportedly has considerable anger toward because of their neglect and abandonment. At the time of his arrest he had completed 9th grade at [school] where he was in special education, classified as emotionally disturbed. His aunt reported that his behavior was acceptable at home but he had behavior problems in school.

At age 16, he was reading and doing math at the 5th grade level but has a goal of attending college. A [date] psychological evaluation reported average performance scores and borderline verbal skills on an IQ test. He did quite poorly on comprehension and arithmetic and had problems with processing visual information and his working memory. He was diagnosed with Depressive Disorder and Disruptive Behavior Disorder. The psychologist recommended long-term psychotherapy as well as anger management. A [date] psychiatric evaluation at Oak Hill concluded that he had a mood disorder, conduct disorder and cannabis abuse, with a recommendation for an inpatient substance abuse treatment program with strong mentoring. The psychiatrist described him as having extremely poor frustration tolerance, a volatile temperament, and help-rejecting stubbornness.

B.O.'s [date] IEP at Oak Hill, for ED, indicated that he is classified as emotionally disturbed and should receive full-time special education instruction and counseling one hour/week. His "disability has impacted his reading comprehension; he is easily distracted."

At Oak Hill in [date] B.O had a risk score of 4. The needs listed in his ISP were: "improve school attendance, improve decision-making skills, improved anger control, improve frustration tolerance, substance abuse prevention education, special education services."

R.S.
Tier 2

R.S. is a 15-year old male who was described as respectful. This is his first commitment; he had previously been in home detention and on a consent decree for Theft from [date]. On [date], at age 13, he was arrested for UUV-Driver. He was released home. On [date]he pled. On [date]he was arrested for Theft-I and RSP, and was detained in a shelter house. The probation officer initiated mentoring, an educational advocate and referrals for family counseling and grief counseling. The [date]social study recommended probation with the continuation of these services. He was arrested for UUV-passenger on [date]at age 14. He was committed by [judge] on [date], at age 14. He was released from Oak Hill to [location] for prosecution as an adult for involvement in a burglary and fatal car accident. He was committed to DJS in [location] on [date].

R.S. had been living with his mother, aunt and cousin in [location] D.C. He was close to his father, who died at [age] in [date] from [disease]. He was prescribed Zoloft in [date]. He was admitted to PIW because of aggressive behavior in May, 2003. He was described as depressed, angry, and having low self-esteem. Although not in the file, a [date]PIW psychological evaluation summarized in the social study found that he had an IQ in the borderline range (FS IQ 79), and he was in special education, classified as multi-disabled. At Oak Hill he was classified as regular education.

The DYRS ISP is dated in [date] (while he was in a [location] juvenile facility, a year after he was taken from Oak Hill by [location] authorities). R.S.'s needs listed in his ISP were: "complete the requirements needed to obtain high school diploma, develop and reinforce his limited relapse prevention skills, helpful towards resisting substance abuse, and acknowledge the negative implications/effects of his previous ill-advised and unlawful activities."

A.C.
Tier 3

A.C. is a 14-year old male who enjoys drawing and sports This is his first adjudication and first commitment, and he has never been on probation. On [date], at age 13, he was arrested for PWID Cocaine. He went to Oak Hill, was released to shelter house, tested positive for marijuana and cocaine in [date], [date]and [date], pled on [date], absconded from shelter house, and on [date]was detained at Oak Hill. The [date]social study requested that the disposition be continued to initiate grief counseling, individual and group therapy, medication, appropriate housing, and school placement. In [date]he was PIW. At his [date]disposition he was committed by [judge] (at age 14). On [date] he was placed at Riverside Hospital's drug treatment program, based on a referral from probation.

A.C.'s mother arranged counseling when he became aggressive and agitated following the deaths of his father, maternal grandfather and adopted aunt. In [date] he was diagnosed with ADHD and placed on Prozac. He was admitted to PIW on [date] (age 12) for less than a month, due to running away from home, truancy, drug use and threatening to kill himself. CFSA investigated for lack of adequate housing [date], and the case was closed although for years A.C. had to move among relatives (causing strained relationships with his sister and uncle), and lived on the street or with undesirable associates including an older friend who visited him in the shelter house. The probation officer could not interview his mother who had just moved again. A.C. has [number] younger and [number] older siblings; [number] live independently and [number] is in prison. A.C. was placed in special education, with a mild mental retardation classification. In 6th grade he was suspended numerous times for behavior problems.

His first psychological evaluation, in[date]in 5th grade, found that he had an FSIQ of 92; he was reading at the 3rd grade level, but no diagnosis of learning disability was made. In 2003, his FSIQ had decreased to 63; that evaluation did not reference the earlier scores, but adaptive functioning showed such delays that he was classified as mildly mentally retarded. At PIW he was diagnosed with ADHD and cannabis abuse, but no mention was made of cognitive impairments. In the thorough [date] psychological evaluation, A.C. indicated that he thought his drug use had affected his cognitive functioning and at the time of his [date] testing he had a bad headache and was drowsy, having just started new medication. His intellectual functioning was tested in the average range in the [date]evaluation (similar to the [date] evaluation), with reading and written expression disorders. "Subtle problems with visual-motor integration and planning and organization...likely are the collateral problems from ADHD...he continues to have difficulty sustaining attention...overwhelmed by his feelings [he] either avoids them and emotionally closes down or acts them out...he is a youngster who is unsure how to appropriately ask for the help he needs." He was also described as depressed and reactive, as a self-protective defense against feeling overwhelmed. The evaluation recommended a full-time special education program with his special education classification changed to multiply handicapped because the combination of his learning problems and emotional needs could not be met by an MMR program. Twice weekly therapy was also recommended.

A.C.'s [date]IEP (the most recent available) at Oak Hill, for mild mental retardation, called for 15 hours weekly of special education instruction and one hour weekly of counseling, listed his math at the 3rd grade level and reading at the 1st grade level, and set three academic goals for reading, math and writing and one behavior goal.

When he moved to Riverside in [date], A.C.'s risk score was 12 and the needs listed in his DYRS ISP were: "become resilient enough to avoid using drugs or relapsing into other addictive substances, create a condition and an atmosphere more appropriate for both the gradual and final termination of drug use, and focus on education and less on drugs and graduate."

K.H.
Tier 3

K.H. is a 15-year old female raised in [location] who said she is good at school, basketball and helping people and was described by the Assistant Principal of her high school as “bright, caring, helpful, sociable and respectful.” This is her first adjudication and first commitment, and she has never been on probation. On [date], at age 14, she was arrested for prostitution as an adult and released; when she appeared for court on [date] she was identified as a juvenile and detained at Oak Hill; she then moved to the girls unit when it opened at YSC. On [date] she was released to the custody of her grandmother; at an emergency hearing on [date] due to her curfew violations, she was detained at the YSC and at the same time pled to prostitution. On [date] she was committed by [judge] (at age 15) and returned to the YSC. On [date], she was placed at Youth for Tomorrow; within two weeks she ran away but was returned to the program. A month later she ran away again and was returned to the program. She was hospitalized in [date] by [judge] after concerns from the FBI that she might be in danger from her former pimp who was facing a long adult sentence. In [date], she was moved to Riverside Hospital.

K.H. went to [location] schools all her life. In seventh grade she got Bs and Cs, but her grades slipped the following year except for art where she got a B in 8th grade and an A in 9th grade. She was exposed to drugs in utero and was physically abused by her mother when she was young; at age 5 was placed with her father and grandmother, both high school graduates employed in responsible positions who own their home. In [date], she twice ran away for more than a month, precipitated in part by her father, to whom she was very close, becoming engaged. She felt deserted and neglected by her father, who also became more strict and controlling when he was at home. In [date], she was prescribed Wellbutrin for ADD (also an antidepressant).

In [date] shortly before the scheduled disposition hearing, the diagnostic probation officer referred K.H. for psychological and psychiatric evaluation. In [date] the psychological evaluation found her in the average range of functioning, with 9th grade reading and 8th grade math skills, although there were “diffuse cognitive deficits that may be affecting her ability to keep up in school.” She was described as having unmet childish needs, being dependent, putting herself in risky situations on the street, having poor social skills and feeling unliked and worthlessness, connected to her early abuse. The psychologist diagnosed Post Traumatic Stress Disorder and recommended residential treatment equipped to work with individuals with sexual trauma, issues of neglect and abuse and substance abuse. The psychiatric evaluation reported that she was a daily marijuana user and had also used Ecstasy. She was diagnosed with Depressive Disorder and Anxiety Disorder, and described herself as depressed over her mother’s abandonment and her grandmother’s health problems. The psychiatrist recommended residential placement because of her poor judgment and impulsivity, with individual trauma therapy as well as family counseling, substance abuse treatment, and anger management.

K.H. had a risk score of 22. The goals listed in her ISP in [date] were: “better decision making skills and improve self esteem to prevent utilizing self as a subject; abide by all rules; participate in positive events that will improve her self-esteem and build her cognitive development; and family is to maintain monthly contact with the DYRS social worker.”

J.M.
Tier 3

J.M. is a 17-year old male who enjoys basketball and is described by his mother as generous and always looking out for his siblings. This is his first adjudication and first commitment, and he has never been on probation. On [date], at age 16, he was arrested for UUV-Driver. He was released home, but did not keep curfew, had poor school attendance, tested positive for marijuana several times, and missed appointments with the probation officer doing the social study. He pled on [date]. In [date], because of his poor adjustment at home, his probation officer recommended that his disposition be continued so he could be stepped back to shelter house, have a school attendance card, receive substance abuse treatment and have a psychological evaluation. Nevertheless, on [date], he was committed by [judge], at age 16. On [date] he was released from Oak Hill to Trudie Wallace Pre-Release House, although providers for services in the community had not been identified when he was moved and the first contact by the Intensive Aftercare worker and J.M. and his mother was a month after he moved. A few weeks later, his adjustment at the Pre-Release house was described as poor and he was placed on the group home waiting list. But he was discharged home on [date] without services from Abraxas or Hillcrest Children's Center being in place.

J.M. lived with his mother and [number] younger siblings in [location] D.C.; he has [number] adult siblings who live independently. He does not have contact with his father. His mother has been in recovery eight years, after she was incarcerated for a year for PWID-cocaine and J.M. and his siblings lived with their aunt. At the time of his arrest, J.M. was in 9th grade at [school]. He attended [number] elementary schools, was retained twice and stopped attending school regularly in 7th grade.

When he moved to Pre-Release House (in [date]), J.M. had a risk score of 6. J.M.'s needs listed in his ISP were: "eliminate all illegal and inappropriate behaviors which contributes to the emergence of conduct problems/criminal activity, avoid using mind altering drugs, and attend school on a consistent full-time basis."

N.M.
Tier 3

N.M. is an 18-year old female who is described as articulate and insightful. N.M. has been in custody most of the time since her [date] charge which was her first adjudication, for which she was put on probation and then the probation was revoked. In [date], at age 15, she was arrested for threatening to have her uncle kill her teacher and threatening to punch another school staff person. She was placed at shelter house on [date], absconded, and was stepped back to Oak Hill on [date]. On [date] she pled to one count of Threats. The [date] social study recommended commitment because of her truancy and anger management problems. Instead, the judge placed her on intensive probation. She did not comply, was placed in the respite house, returned to her mother, and when she failed to attend her new school, her probation was revoked in [date] and she returned to Oak Hill. She apparently was placed for awhile at JosArz, was hospitalized at PIW, and returned to Oak Hill. She was committed by [judge] for residential placement on [date], at age 17 for an offense committed when she was 15. On [date] (after waiting eight months at Oak Hill), she was placed at Keystone in Virginia. She did well at Keystone, and was discharged to her mother's home on [date]. It took a month for DCPS to identify a special education placement for her. She was receiving services from Abraxas which were described as inconsistent; by [date] her school attendance was worsening and she was pregnant.

N.M. lived with her employed mother and younger sister in the same apartment in southeast D.C. for most of her life. She enjoyed spending time with her older sister in [location]. Her father had [disease] and died in [date] while she was incarcerated.

The [date] psychological evaluation found that N.M. was reading and doing math at the 5th grade level at age. She had an FSIQ of 72, in the borderline range, making it difficult for her to comprehend in school. The psychological evaluation concluded that she had fewer coping resources available to her than most people her age, poor problem-solving skills, strained interpersonal relationships, responded with anger when under stress, and was grieving over her father's death. The evaluator recommended placement at Jos Arz during the week and with her mother on weekends, with individual and family counseling and special education.

The thorough [date] psychiatric evaluation elucidated what had been missed in N.M.'s numerous previous evaluations: (1) that she had chronic PTSD, which contributed to her reaction to a sexual comment by school staff in her original offense, and then was exacerbated by her father's death in [date], being raped a second time and her nephew's death in [date], with an increase in what appeared to be mood instability and a depressive disorder; (2) that an expressive and receptive language disorder affected her in a variety of ways, explaining confusing IQ test results and also the findings from neurological testing. The psychiatrist indicated that with a good treatment program for her PTSD, help in reducing conflict with her mother, and speech/language services, she could adjust in the community and that JosArz would be appropriate.

N.M.'s [date] IEP (the most recent available) at Oak Hill, for ED/LD, called for full-time special education instruction and one hour weekly of speech/language; she was doing math at the 4th grade level and reading at the 5th grade level. The psychiatrist's observations of how her emotional needs affected her behavior were quoted, but were not recognized in the IEP goals.

When she was returned from residential in [date], N.M. had a risk score of 11 and the needs listed in her ISP were: "become capable of handling angry feelings in constructive ways that enhance daily functioning, increased compliance with rules, sensitivity to the feelings and rights of others, control over impulses, and acceptance for her behavior, achieve the academic goals identified in her IEP and maintain total abstinence from all mood altering substances while developing an active recovery program."

B.W.
Tier 3

B.W. is a 15-year old male who likes to read and is interested in building houses or becoming a plumber. This is his first adjudication and first commitment in D.C., and he has never been on probation (he was on one-month “pre-court supervision” in [location] for a [date] Possession of a Deadly Weapon). On [date], at age 15, he was arrested for UUV-Driver. He was released on home detention. On [date]he pled. A [date]social study recommended probation, with individual counseling, family counseling a mentor because of his poor relationship with his father, drug education, carrying a school attendance card, and tutoring. He was arrested for UUV in [location] on [date]. He failed to appear for disposition in D.C., a custody order was issued, and he was detained at OH on [date]. He was committed by [judge] on [date], at age 15. He was transferred from Oak Hill to the Trudie Wallace Pre-Release House on [date]; he was transferred to the Intensive Aftercare unit on [date]. He completed the program and was discharged home from the Pre-Release House on [date], with homebased and mentoring services from Abraxas. On [date]he was arrested in [location] for driving a stolen car, but was released home. At that point, his aftercare worker insisted on electronic monitoring and discovered that instead of his mother in southeast D.C., he was living with his pregnant [age] girlfriend; other housing was being investigated in [date].

B.W. attended four elementary and two junior high schools. At the time of his arrest he was in 9th grade; according to his mother he was in special education for a learning disability. He was listed as special education-LD at Oak Hill, but not IEP was available.

At Oak Hill in June, 2005, B.W. had a risk score of 5. The needs listed in his ISP were: “complete the requirements to obtain his high school diploma, complete a substance abuse treatment program to strengthen and reinforce his limited relapse prevention skills, and acknowledge the negative implications/effects of his previous ill-advised and unlawful activities.”

Appendix C

Data Tables

Table C-1. Distribution of Oak Hill Youth by Age on Date of Commitment

<u>Age</u>	<u>Number</u>	<u>Percent</u>
12	6	3%
13	8	4%
14	33	15%
15	47	22%
16	49	22%
17	32	15%
18	37	17%
19	6	3%
Unknown	1	
Total	219	

Table C-2. Distribution of Oak Hill Youth by Ward of Residence

	<u>OHYC</u>	<u>Population</u>
Ward 1	11%	11%
Ward 2	5%	5%
Ward 3	0%	8%
Ward 4	6%	14%
Ward 5	15%	13%
Ward 6	11%	10%
Ward 7	26%	17%
Ward 8	26%	22%

Table C-3. Distribution of Oak Hill Youth by Race/Ethnicity

<u>Race/ Ethnicity</u>	<u>OHYC Placements</u>	<u>Percent</u>
African-American	211	96.3%
Latino	7	3.2%
Multi-racial	1	0.5%
Total	219	

Table C-4. Distribution of Oak Hill Youth by Sex

<u>Sex</u>	<u>OHYC Placements</u>	<u>Percent</u>
Female	17	8%
Male	202	92%
Total	219	

Table C-5. Distribution of Oak Hill Youth by Number of Oak Hill Placements

<u>No. of OHYC Placements</u>	<u>Youth</u>	<u>Percent</u>
1	187	85%
2	28	13%
3	4	2%

Table C-6. Distribution of Oak Hill Youth by Number of Prior Adjudications

	<u>Percent</u>
No Prior Adjudications	50%
1 Prior Adjudication	29%
2 Prior Adjudications	15%
3 Prior Adjudications	3%
4 Prior Adjudications	3%
5 Prior Adjudications	1%
6+ Prior Adjudications	0.5%

Table C-7. Oak Hill Discharges by Length of Stay

<u>LOS in Days</u>	<u>All Tiers</u>		<u>Tier 1</u>		<u>Tier 2</u>		<u>Tier 3</u>	
<=10	22	9%	6	8%	9	12%	7	7%
11-20	12	5%	3	4%	4	5%	5	5%
21-30	28	11%	9	11%	3	4%	16	16%
31-40	15	6%	5	6%	2	3%	8	8%
41-50	21	8%	9	11%	4	5%	8	8%
51-60	16	6%	2	3%	6	8%	8	8%
61-70	12	5%	4	5%	2	3%	6	6%
71-80	19	7%	8	10%	7	9%	4	4%
81-90	14	5%	6	8%	3	4%	5	5%
91-100	18	7%	5	6%	4	5%	9	9%
101-110	10	4%	2	3%	6	8%	2	2%
111-120	8	3%	3	4%	2	3%	3	3%
121-130	11	4%	3	4%	5	7%	3	3%
131-140	11	4%	2	3%	4	5%	5	5%
141-150	7	3%	2	3%	2	3%	3	3%
151-160	8	3%	2	3%	1	1%	5	5%
161-170	6	2%	2	3%	1	1%	3	3%
171-180	3	1%	2	3%	0	0%	1	1%
181-190	4	2%	2	3%	2	3%	0	0%
191-200	2	1%	1	1%	1	1%	0	0%
200+	8	3%	1	1%	6	8%	1	1%
Median	71		72		81		59	
Average	79		78		90		71	

Table C-8. Oak Hill Discharges and Length of Stay by Next Placement and Offense Tier

<u>Offense/Prior Tier</u>	<u>Placement Type</u>	<u>No. of Discharges</u>	<u>Avg. OHYC LOS</u>
1	OHYC on 6/30/05	18	90
	Abscondance	2	90
	Adult Jail	2	25
	Foster Home	1	67
	Group Home	6	62
	Home	12	63
	Pre-release House	11	63
	RTC	25	90
	Shelter	1	41
	TFH	1	130
2	OHYC on 6/30/05	14	100
	Abscondance	1	190
	Adult Jail	1	91
	Group Home	8	81
	Home	17	70
	Pre-release House	14	110
	RTC	18	89
	Secure Facility	1	3
3	OHYC on 6/30/05	12	57
	Adult Jail	1	116
	Group Home	4	75
	Home	24	89
	Pre-release House	14	60
	RTC	44	68
	TFH	3	80
All Tiers	OHYC on 6/30/05	44	84
	Abscondance	3	123
	Adult Jail	4	64
	Foster Home	1	67
	Group Home	18	73
	Home	53	77
	Pre-release House	39	79
	RTC	87	78
	Secure Facility	1	3
	Shelter	1	41
	TFH	4	93